

# PART B - FEE(S) TRANSMITTAL

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45222 7590 12/19/2007  
**ARRAYCOMM/BLAKELY**  
**1279 OAKMEAD PARKWAY**  
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I hereby certify that this Fee(s) Transmittal is being  
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**Katherine Jennings** (Depositor's name)  
*Katherine Jennings* (Signature)  
**March 4, 2008** (Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO
09/19/777	07/31/2001	Christopher Uhlik	15685P098	4003

**TITLE OF INVENTION: METHOD AND APPARATUS FOR GENERATING AN IDENTIFIER TO FACILITATE DELIVERY OF ENHANCED DATA SERVICES IN A MOBILE COMPUTING ENVIRONMENT**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	03/19/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, THU HA T	2153	709-227000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached  
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2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**Blakely Sokoloff**  
**Taylor & Zafman**

3. **ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT** (print or type)  
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
**ArrayComm LLC**

(B) RESIDENCE (CITY AND STATE OR COUNTRY)  
**San Jose, CA**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
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- ☐ A check is enclosed.  
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **02-2666**

5. **Change in Entry Status** (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office

Authorized Signature **/Jared S. Engstrom/**

Date **March 4, 2008**

Typed or printed name **Jared S. Engstrom**

Registration No **58,330**

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